Policy

Policy Guideline

Domiciliary Oxygen Policy Guideline

Objective file number: eA800287
Policy developed by: System Performance Division
Approved at Portfolio Executive on: 31 August 2013
Next review due: 31 October 2018

Summary
The purpose of the Domiciliary Oxygen Policy Guideline is to set out the eligibility criteria for publicly funded domiciliary oxygen and to provide direction to staff who undertake the administrative process associated with the domiciliary oxygen Electricity Rebate.

Keywords
Domiciliary Oxygen, Home Oxygen, Electricity Concession, Respiratory, policy guideline

Policy history
Is this a new policy? N
Does this policy amend or update an existing policy? Y
Does this policy replace an existing policy? N
If so, which policies?

Applies to
All SA Health Portfolio
All Department for Health and Ageing Divisions
All Health Networks
CALHN, SALHN, NALHN, CHSALHN, WCHN, SAAS
Other

Staff impact
All Staff, Management, Admin, Students; Volunteers
All Clinical, Medical, Nursing, Allied Health, Emergency, Dental, Mental Health, Pathology
Other

PDS reference G0073

Version control and change history

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<th>Date to</th>
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Domiciliary Oxygen

1. Purpose/Background

SA Health recognises that domiciliary oxygen is a component of therapeutic management for a number of chronic conditions where symptoms include hypoxeaemia.

Domiciliary oxygen therapy is the home administration of oxygen at concentrations greater than the ambient air with the intention of treating or preventing the symptoms and manifestations of hypoxemic or non-hypoxemic medical conditions that are known to clinically improve with oxygen.

This guideline sets out the eligibility criteria for publicly funded domiciliary oxygen and provides direction to staff who undertake the administrative processes associated with the domiciliary oxygen electricity rebate.

2. Responsibility

Chief Executive, SA Health is responsible for ensuring a consistent approach to the access to domiciliary oxygen therapy and the application of the domiciliary oxygen electricity rebate across SA Health.

Executive Director, Health System Performance is responsible for ensuring Local Health Networks are aware of the guideline and their associated responsibilities.

Chief Executive Officers of Local Health Networks are responsible for ensuring:

- that the guideline is communicated to relevant staff.
- that the guideline is complied with.

Management within Hospital Respiratory Units are responsible for ensuring:

- staff comply with the guideline.
- patients receive appropriate education and training on how to operate their oxygen equipment and are well informed about the risks of smoking.

3. Guideline Detail

3.1 Applicant Eligibility

General Eligibility

Individuals who meet the following eligibility criteria will be eligible to receive basic oxygen equipment funded by the SA Health Metropolitan Hospital or by the Country SA Local Health Service. To be eligible individuals must:

- Be permanent residents of South Australia.
- Be an Australian citizen or the holder of a permanent visa.
- Be living in the community (excluding commonwealth funded nursing homes). For individuals who reside in a Commonwealth funded aged care facility it is the responsibility of the aged care facility to provide and fund the domiciliary oxygen...

- Be ineligible to receive the equipment from any other funding program.
- Not be residing in a post acute convalescence or rehabilitation facility.
- Have quit smoking for a minimum of four weeks.
- Meet the medical criteria for the supply of oxygen as stated in the Domiciliary Oxygen Therapy Application form in line with the Thoracic Society of Australia and New Zealand (TSANZ) position paper. ¹

- Be motivated to commit to all aspects of using oxygen therapy including:
  - Following the oxygen prescription.
  - Attending follow-up with specialist’s and/or general practitioners and
  - Following safety guidelines as recommended by the oxygen supplier and respiratory nurse and/or community health team.

Patients who do not meet the prescribing guidelines may be prescribed oxygen therapy by any registered Medical Practitioner at the patient’s own expense. Safety guidelines must be adhered to and a letter of statement should be sent to the oxygen supply company. Prescribed hours of use and flow rate should be provided to assist the oxygen supply company to educate the patient.

Precaution:

Patients with cognitive impairment must be assessed with either the Cognitive Adaptive Test (CAT) or a Mini-Mental State Examination (MMSE) prior to being prescribed Domiciliary Oxygen Therapy. Prescribing practitioners should also give consideration to the level of support and supervision available to the patient (e.g. family).

3.2 Referral

Referral can be made for all eligible patients on the Domiciliary Oxygen Therapy Application form (Attachment A) which includes the mandatory patient and clinical details. All relevant fields must be completed before the service provider can dispense the prescription.

All referrals for home oxygen must be on the ‘Domiciliary Oxygen Therapy Application form’ with the exclusion of entitled veterans, who must complete the Department for Veterans’ Affairs application for home oxygen therapy.

DVA Application for Home Medical Oxygen Therapy.pdf

Veterans requesting domiciliary oxygen must have their application supported by a local medical officer and must have their application supported by a report from a respiratory physician, thoracic physician, cardiologist, oncologist or appropriate specialist. This requirement does not apply to patients residing in remote and isolated areas who cannot receive timely assessment by such a specialist. For

¹ Adult domiciliary oxygen therapy. Position statement of the Thoracic Society of Australia and New Zealand | Medical Journal of Australia
infants with chronic neonatal lung disease: recommendations for the use of home oxygen therapy | Medical Journal of Australia
Further information about the DVA Rehabilitation Appliances Program (RAP) guidelines refer to www.dva.gov.au

**Hospital inpatients** can be referred to the Respiratory Registrar or Nurse Practitioner.

For all rural referrals the ‘Domiciliary Oxygen Therapy Application’ should be completed by General Practitioners and forwarded to a Respiratory Physician at any of the public teaching hospitals for review and authorisation.

- Upon authorisation the Respiratory Nurse at the hospital where approval has been sought, will liaise with the Community Health Nurse at the Local Health Service to provide oxygen equipment and ongoing management.
- The signed prescription will be returned to the referring GP/Community Health Nurse to arrange the oxygen equipment.

For all other referrals from Community Physicians the ‘Domiciliary Oxygen Therapy Application’ needs to be completed and forwarded to a Respiratory Physician at any of the public teaching hospitals for authorisation.

### 3.3 Review

**Review Arrangements**

The funding of Domiciliary Oxygen Therapy will continue to be met as long as the medical eligibility criteria are satisfied. It is recommended that nursing review including safety assessment should occur within the first seven days of commencement of oxygen therapy with ongoing quarterly review.

It is further recommended that the beneficiary be reviewed by the specialist physician within four to six weeks of initial oxygen prescription when the patient is in a stable condition to determine ongoing oxygen requirement and then at least every 12 months thereafter. Clinical indications as outlined in the Domiciliary Oxygen Therapy Application must be met for the continuation of oxygen therapy at the review.

### 3.4 Prescribing Authority

Authority to prescribe domiciliary oxygen at health site expense is restricted to:

- Adult & Paediatric Respiratory Physicians at public teaching hospitals and their nominees or a designated consultant physician at Modbury or Lyell McEwin Hospitals.
- Nominated physicians to Country Health Services.
- Consultants of Level III neonatal units at Flinders Medical Centre and the Women’s and Children’s Hospital.

For further information in regards to who is authorised to prescribe Domiciliary Oxygen please refer to the Home Oxygen Therapy Contacts List (Attachment B)

Prescription should include:

- Flow rate at rest, exercise and sleep.
- Hours of use.
- Continuous Positive Airway Pressure (CPAP) /Non Invasive Ventilation (NIV) flow rate and specified oxygen input site (recommended entry at pump).
- Alert notification for patients with elevated Carbon Dioxide (CO2) levels.
3.5 **Home Oxygen Equipment**

Patients who have been deemed eligible for domiciliary oxygen will be provided basic oxygen equipment free of charge funded by the metropolitan hospital for patients in the metropolitan area or by the Country Local Health Service for country patients.

Equipment will consist of an oxygen concentrator, portable cylinders, regulator or conserver (if tested) and a trolley and/or carry bag.

The provision of equipment and services will be on the basis of clinical need and can include, for example:

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<tr>
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<td>• oxygen concentrators and electricity rebate</td>
<td>• oxygen concentrators and electricity rebate</td>
</tr>
<tr>
<td>• cylinders (B, C, D or E sizes available &amp; assessed on requirements)</td>
<td>• cylinders</td>
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<tr>
<td>• humidifiers (cold)</td>
<td>• humidifiers (cold)</td>
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<td>• tubing (max 12.2m or 40ft length)</td>
<td>• tubing (max 12.2m or 40ft length)</td>
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<td>• nasal cannula and/or mask</td>
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<tr>
<td>• trolley or carry bag (not both)</td>
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<td>• support of trained personnel</td>
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**Portable oxygen concentrators** are not funded by the Health sites. Patient’s who wish to privately purchase their own are advised to have formal testing done prior to ensure adequate saturation is maintained on the device. Entitled Veterans are eligible for a portable oxygen concentrator and if assessed as being suitable for use should contact DVA to gain approval and supply.

3.6 **Education and Training**

Patients are to be provided with the patient information booklet and detailed instruction on how to operate and obtain maximum benefit from their oxygen equipment.

Patients are to be advised of their responsibilities and must sign a Domiciliary Oxygen Patient Agreement form (Sample Form -Attachment C) as evidence that they understand and acknowledge the conditions of Home Oxygen Therapy.

**Emergency Power Failure Plan**

Patients are to be encouraged, to develop a personalised emergency plan to use in the event of a power failure.

Patients are eligible to register with SA Power Networks upon commencement of home oxygen therapy. The document ‘notification of installation of life support equipment should be provided by the funding Health Service and can be printed off the SA Power Networks website. Patients are encouraged to complete this document & post to SA Power Networks. This document provides notification to SA Power Networks that an oxygen concentrator is in use at a residence and will better enable SA Power Networks to provide notification of planned power interruptions.
3.7 Role of the oxygen supply company:

Equipment is supplied by private oxygen suppliers according to rental agreements. The role of the oxygen supplier is to supply oxygen equipment as directed by the funding public health service. Suppliers will only be paid for supply that takes place on the basis of applications/prescriptions completed by authorised prescribers.

The supplier is responsible for:
- initial set-up & education.
- ongoing trouble shooting related to the equipment.
- Maintenance.
- concentrator meter reading.
- 24 hour emergency equipment problems, and
- where agreed with the funding public health service payment of quarterly electricity rebate to eligible patient's.

The supplier is responsible for providing reports to the health service on:
- individual patient equipment cylinder holdings.
- concentrator usage reports (hourly use).
- notification of final returns.
- unsafe oxygen use or home environment, and
- where agreed with funding public health service payment of the electricity rebate.

3.8 Consent

Patients are required to sign a consent form to allow medical and personal information to be conveyed to their nominated General Practitioner and the oxygen supplier.

3.9 Compliance

Non-compliance issues identified by supplier (the concentrator report) or at times of patient review will be brought to the attention of the Respiratory Nurse / Community Nurse who will review the patient with a home visit to provide further education and support. The Respiratory Nurse / Community Nurse will document the visit and outcome in the medical record and provide the Respiratory Consultant/Nurse Practitioner with a copy.

Statistics:

Reporting of statistics to Department of Health and Ageing based on categories by individual health units is required on a monthly basis.

3.10 Electricity Rebate

Eligibility

Patients who are a pensioner or who hold a Health Care Card are eligible for an Electricity Concession. Eligible patients will be reimbursed 50% of the electricity costs associated with the use of an oxygen concentrator.

Further energy concessions may be available to eligible patients who are on a pension or who hold a health care card through the Department for Communities and Social Inclusion Concessions, DFC South Australia and the Commonwealth Department of Human Services’ Essential Medical Equipment payment. Essential Medical Equipment Payment
Patients who do not have a Health Care Card will be responsible for all electricity charges. Department of Veterans Affairs (DVA) clients must contact DVA to obtain the necessary forms to apply for this rebate on a quarterly basis.

In the event of hardship referral should be made to social work and counselling services in the health unit where the patient is being treated.

**Administration**

The rebate is calculated using current AGL tariffs irrespective of the patient’s electricity supplier. Tariffs should be reviewed annually to ensure current tariffs are being used. Due to the advent of multiple electricity providers, AGL prices are considered the benchmark for reimbursement.

Rebates are to be paid to the patient on a quarterly basis and are to be calculated on the hours used or prescribed. The formula for calculating the rebate is as follows:

\[
\text{Electricity concession} = \text{Hrs of machine usage (billing period)} \times \text{oxygen concentrator machine wattage (KW)} \times \text{Electricity tariff} \div 50\%
\]

The process for distribution of the electricity rebate is at the discretion of the funding public health service and may include:

- Calculation and payment of the rebate directly to eligible individuals by the oxygen supplier.
- Calculation and payment of the rebates to eligible individuals by the funding health service.

Prior to the payment of the rebate to eligible individuals the concentrator service report is to be reviewed and approved by a Respiratory Nurse / Community Nurse to ensure that the patient’s oxygen use aligns with the patient’s prescription. If no service report is supplied then the payment is to be made on the prescribed hours only.

Where the funding health service elects to have the oxygen supply company issue the rebate on their behalf the funding health service will upon receipt of a valid tax invoice reimburse the oxygen supplier. Reimbursements to the oxygen supplier are to be forwarded to Shared Services in accordance with the health sites normal delegation and accounts payable processes.

4. **Definitions**

**Hypoxaemia:** An abnormally low amount of oxygen in the blood.

**Oxygen Concentrator:** A floor standing stationary electrically driven device that draws in room air through a fine filter; it removes nitrogen and allows only oxygen to pass through the outlet.

**Portable Oxygen Concentrator:** A portable machine powered by a rechargeable battery that draws in air through a fine filter; removing nitrogen and allowing only oxygen to pass through the outlet.

**Cylinder:** Portable oxygen cylinders contain compressed oxygen, they allow the patient to leave their home for periods of time.
Concession: A concession is a reduction, discount, subsidy, rebate, or exception provided by the government on the value of goods, services or associated fees to an individual, family, household or organisation. They are generally provided on the basis of low income, special needs or disadvantage, or some other special category such as age or war service.

Home in relation to this guideline refers to privately owned property or rented property where an individual resides. It does not include community supported residential facilities or aged care facilities.

Respiratory Nurse: Specialist Nurse working in the field of Respiratory Medicine.

Community Health Nurse: General Nurse working in community outreach.

Respiratory Physician: Specialist physician working in the field of Respiratory Medicine.

5. Associated Directives and/or Guidelines

Home Dialysis Electricity Concession

6. References

Christine McDonald, Alan J Crockett and Iven H Young, Adult Domiciliary Oxygen Therapy Position Statement, MJA 2005


Infants with chronic neonatal lung disease: recommendations for the use of home oxygen therapy Medical Journal of Australia.

Infants with chronic neonatal lung disease: recommendations for the use of home oxygen therapy | Medical Journal of Australia

AGL SA Electricity Standing and Default Contract Prices for Residential and Small Business.

http://www.agl.com.au

Department of Communities and Social Inclusion Concessions website


Commonwealth – Essential Equipment Payment

## A. PATIENT DETAILS

- **MRN**
- **Family Name**
- **Given Name(s)**
- **Gender**
- **Address**
- **Telephone**
- **Pension Details**
- **Language Spoken**
- **Next of Kin / Carer**

## B. CLINICAL DETAILS

### PRIMARY DIAGNOSIS

**COMORBIDITIES**

- **Smoking Status**
- **Hypercapnia**
- **Cognitive / physical limitations**

## C. SPECIAL PRECAUTIONS – REFERRAL WILL NOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION

- **OXYGEN WILL NOT BE PRESCRIBED FOR ACTIVE SMOKERS – ASSESSMENT MUST BE MADE 4 WEEKS AFTER SMOKING CESSION**

## D. REFERRING CLINICIAN DETAILS

- **General Practitioner**
- **Referring Medical Officer (if not General Practitioner)**

## E. INDICATION FOR DOMICILIARY OXYGEN – REFER TO GUIDELINE ON NEXT PAGE

### INDICATION – TICK ONE

#### 1. CONTINUOUS OXYGEN THERAPY (15-24 h/day)

- **CHRONIC (STABLE) HYPOXAEAMIA**
- **UNSTABLE/ACUTE HYPOXAEAMIA**
  - Respiratory specialist ≤ 4 to 6 weeks

#### 2. INTERMITTENT OXYGEN THERAPY

- **EXERTIONAL HYPOXAEAMIA**

#### NOCTURNAL HYPOXAEAMIA

- **Oxygen alone**
- **With nocturnal PAP**
- **CPAP**
- **Bilevel ventilation**
- **Other**

#### EMERGENCY USE

- **Acute Asthma**
- **Other – specify**

#### 3. PALLIATIVE OXYGEN THERAPY

- **END OF LIFE ILLNESS WITH HYPOXAEAMIA**
  - Primary disease:
  - Respiratory complication:

### OXYGEN PRESCRIPTION

- **At rest**
- **Exercise**
- **Sleep**
- **Usage**
- **Flow rate during acute asthma**
- **via**
- **Name**
- **Provider No.**
- **Signed**

### COMMENTS / ACTION

- **Yes**
- **No**

- **Authorising Physician**
- **Respiratory Nurse**
- **Date**
GUIDELINE FOR DOMICILIARY OXYGEN THERAPY

I. CONTRAINDICATIONS FOR DOMICILIARY OXYGEN THERAPY

a. Current smokers – assessment for oxygen therapy may be made 4 weeks after smoking cessation
b. Dyspnoea in patients with PaO₂ ≥ 60 mmHg or SpO₂ > 90% on room air
c. Where therapy has not been fully maximised (e.g. medication optimisation, pleural fluid aspiration, time for recover from acute illness)
d. Cognitive or physical impairment that may compromise safety with oxygen therapy (e.g. no home supports)

II. INDICATIONS FOR DOMICILIARY OXYGEN THERAPY

1. CONTINUOUS OXYGEN THERAPY (15-24 hours/day)

CHRONIC (STABLE) HYPOXAEMIA
Stable chronic lung disease esp. COPD, at rest, awake, on room air:
- PaO₂ < 55 mmHg OR
- PaO₂ 56-59 mmHg with 2° polycythaemia, clinical or electrocardiographic evidence of pulmonary hypertension and/or episodes of right heart failure
  • ABG should be taken at rest after 20 mins on room air, on optimal treatment, NOT while clinically UNSTABLE

ACUTE (UNSTABLE) HYPOXAEMIA
- Patients requiring interim oxygen therapy who have unstable reversible factors that may improve with optimisation of therapy
  • Specialist review should be undertaken within 4 to 6 weeks of initial oxygen prescription

2. INTERMITTENT OXYGEN THERAPY

EXERTIONAL HYPOXAEMIA
  • Desaturation to SpO₂ ≤ 88% with exercise/walking and a clinically meaningful benefit with oxygen needs established by comparing exercise endurance and degree of dyspnoea when breathing oxygen and air using a 6 minute walk test, treadmill, stationary bicycle, step test or similar endurance test whilst on optimal treatment and NOT while clinically unstable

NOCTURNAL HYPOXAEMIA
  • Indicated to relieve demonstrated oxygen desaturation during sleep to SpO₂ ≤ 88% for > 1/3 of the night and/or in the presence of hypoaxia-related sequelae
  • May be used as oxygen therapy alone, or with home ventilation treatment e.g. CPAP, bilevel ventilation, tracheostomy
  • If used with positive airway pressure oxygen attachment should be connected at the machine interface unless otherwise specified

EMERGENCY OXYGEN THERAPY
  • For patients with severe asthma at risk of life threatening episodes in isolated areas while awaiting medical attention

3. PALLIATIVE OXYGEN THERAPY
  • May be considered in patients with advanced & irreversible disease with a life expectancy of 3 months for relief of dyspnœa associated with hypoxaemia (PaO₂ < 60 mmHg or SpO₂ < 90% on room air)
  • May include patients with advanced lung disease, heart failure or incurable malignancy

III. GUIDELINE FOR ASSESSMENT AND FOLLOW-UP OF PATIENTS ON DOMICILIARY OXYGEN

Specialist review should be undertaken within 4 to 6 weeks of initial oxygen prescription and when the patient is in a stable condition to determine ongoing oxygen requirement.

Requirements as outlined above must be met for continuation of oxygen therapy at the 4-6 week review.
Nursing Review including safety assessment should occur within the first 7 days of commencement of oxygen therapy. Ongoing review should occur 3-12 monthly and on an as needed basis.

IV. ELECTRICITY SUBSIDY

Please advise patients who hold health care cards that they are eligible for financial assistance with the cost of electricity to operate a standard oxygen concentrator (50% of the electricity used by the concentrator) from the State Government Department of Treasury and Finance.
DVA patients can download or request forms to access this rebate through DVA Tel. 07 3223 8623.

V. IMPORTANT INFORMATION

a. The referring clinician must complete this referral form and fax completed & signed form to an Authorised Prescriber for review or contact the Respiratory Nurse from appropriate Local Health Network (see list of Authorised Prescribers and Respiratory Nurses according to Local Health Networks)

b. For external referrals if the prescription has been authorised the Respiratory Nurse will contact the responsible health service and forward the completed prescription for supply arrangements of oxygen therapy to be made

c. For patients who reside in a Commonwealth funded Aged Care Facility who receive Low Level of Care (LLOC), High Level of Care (HLOC) or Respite, it is the responsibility of the Aged Care Facility to provide and fund oxygen equipment upon receipt of this authorised prescription as per the Residential Care Manual 2009

d. For patients who reside in a rural areas it is the Local Health Network’s responsibility to provide and fund oxygen equipment upon receipt of this authorised prescription

NURSING USE ONLY

- Concentrator
- Backup O₂ cylinder (E / D for blackout prone areas)
- Ambulatory O₂ cylinders
- Conserving device
- Carry bag
- Trolley
- Regulator
- Other (specify):

Name __________________________ Position __________________________
Signature __________________________ Date _____ / _____ / _____
# CONTACT LIST FOR DOMICILIARY OXYGEN THERAPY INCLUDING AUTHORISED PRESCRIBERS.

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<tr>
<th>Name</th>
<th>Preferred Contact Address</th>
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<tr>
<td><strong>FLINDERS MEDICAL CENTRE</strong></td>
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<tr>
<td>Dr Jeff Bowden</td>
<td>Respiratory Unit</td>
<td>Ph: 8204 4033</td>
<td>Authorised Prescriber</td>
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<tr>
<td>Senior Respiratory Consultant</td>
<td>Flinders Drive</td>
<td>Fax: 8204 5632</td>
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<tr>
<td></td>
<td>Bedford Park SA 5042</td>
<td>Email: <a href="mailto:Jeff.bowden@health.sa.gov.au">Jeff.bowden@health.sa.gov.au</a></td>
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<tr>
<td>Julie Buckman</td>
<td>Respiratory Unit</td>
<td>Ph: 8204 6233</td>
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<tr>
<td>Respiratory Nurse Practitioner</td>
<td>Flinders Drive</td>
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<td></td>
<td>Bedford Park SA 5042</td>
<td>Email: <a href="mailto:Julie.buckman@health.sa.gov.au">Julie.buckman@health.sa.gov.au</a></td>
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<td>Respiratory Clinical Nurse</td>
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<td>Ph: 8204 4412</td>
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<tr>
<td></td>
<td>Flinders Drive</td>
<td>Fax: 8204 5855</td>
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<td></td>
<td>Bedford Park SA 5042</td>
<td>Email:</td>
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<tr>
<td>Consultants of Level III Neonatal Units</td>
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<p>| <strong>LYELL MCEWIN HOSPITAL</strong>     |                                            |                            |                              |
| Associate Professor Brian Smith| Haydown Road                               | Ph: 8222 6670              | Authorised Prescriber        |
| Director of Respiratory Medicine| Elizabeth Vale SA 5112                     | Fax: 8222 6041             |                              |
|                               |                                             | Email: <a href="mailto:Brian.Smith@health.sa.gov.au">Brian.Smith@health.sa.gov.au</a> |                              |
| Carole Liversidge             | Haydown Road                               | Ph: 8182 9945              |                              |
| Respiratory Clinical Service Coordinator | Elizabeth Vale SA 5112 | Fax: 8133 2109             |                              |
|                               |                                             | Email: <a href="mailto:Carole.liversidge@health.sa.gov.au">Carole.liversidge@health.sa.gov.au</a> |                              |</p>
<table>
<thead>
<tr>
<th>Sheridan Alexander</th>
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<th>Authorised Prescriber</th>
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<tbody>
<tr>
<td>Clinical Practice Consultant</td>
<td>Elizabeth Vale SA 5112</td>
<td>Fax: 8133 2109</td>
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<td>Email: <a href="mailto:Sheridan.alexander@health.sa.gov.au">Sheridan.alexander@health.sa.gov.au</a></td>
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<tr>
<td>ROYAL ADELAIDE HOSPITAL</td>
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<tr>
<td>Dr Aeneas Yeo</td>
<td>Department of Thoracic Medicine</td>
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<tr>
<td>Respiratory Services</td>
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<td>Adelaide SA 5000</td>
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<td>Respiratory Clinical Practice</td>
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<tr>
<td>Consultant</td>
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<td>Adelaide SA 5000</td>
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<tr>
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<td>Professor Peter Frith</td>
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<td>Katherine Bassett</td>
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<td>Daws Road</td>
<td>Mobile: 0405987443</td>
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<tr>
<td>Consultant</td>
<td>Daw Park SA 5041</td>
<td>Fax: 8275 113</td>
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<tr>
<td></td>
<td></td>
<td>Email: <a href="mailto:Katherine.bassett@health.sa.gov">Katherine.bassett@health.sa.gov</a></td>
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</table>
# THE QUEEN ELIZABETH HOSPITAL

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Address</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dr Brian Smith</strong></td>
<td>Director of Thoracic Medicine</td>
<td>Respiratory Medicine Unit</td>
<td>Ph: 8222 6670&lt;br&gt;Fax: 8222 6041&lt;br&gt;Email: <a href="mailto:Brian.Smith@health.sa.gov.au">Brian.Smith@health.sa.gov.au</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Woodville Road SA 5041</td>
<td>Authorised Prescriber</td>
</tr>
<tr>
<td><strong>Lydia Kotal</strong></td>
<td>Respiratory Clinical Practice Consultant</td>
<td>Respiratory Medicine Unit</td>
<td>Ph: 8222 6647&lt;br&gt;Fax: 8222 6041&lt;br&gt;Email: <a href="mailto:Lydia.Kotal@health.sa.gov.au">Lydia.Kotal@health.sa.gov.au</a></td>
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<tr>
<td></td>
<td></td>
<td>Woodville Road SA 5041</td>
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<tr>
<td><strong>Kathy Lawton</strong></td>
<td>Respiratory Clinical Nurse</td>
<td>Respiratory Medicine Unit</td>
<td>Ph: 8222 6906&lt;br&gt;Fax: 8222 6041&lt;br&gt;Email: <a href="mailto:Kathy.lawton@health.sa.gov.au">Kathy.lawton@health.sa.gov.au</a></td>
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# WOMEN'S & CHILDREN'S HOSPITAL

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<tr>
<th>Name</th>
<th>Position</th>
<th>Address</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dr James Martin</strong></td>
<td>Director of Respiratory and Sleep Medicine</td>
<td>72 King William Road</td>
<td>Ph: 8161 7234&lt;br&gt;Fax: 8161 7050&lt;br&gt;Email: <a href="mailto:James.Martin@health.sa.gov.au">James.Martin@health.sa.gov.au</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>North Adelaide SA 5006</td>
<td>Authorised Prescriber</td>
</tr>
<tr>
<td><strong>Alana Francis</strong></td>
<td>Respiratory Clinical Nurse Consultant</td>
<td>Pulmonary Medicine Department</td>
<td>Ph: 8161 6540&lt;br&gt;Fax: 8161 7050&lt;br&gt;Email: <a href="mailto:Alana.Francis@health.sa.gov.au">Alana.Francis@health.sa.gov.au</a></td>
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<tr>
<td></td>
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<td>72 King William Road</td>
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<td>North Adelaide SA 5006</td>
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<tr>
<th>Consultants of Level III Neonatal Units</th>
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# MODBURY HOSPITAL

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<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Address</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td><strong>Dr Lawrence Palmer</strong></td>
<td>Palliative Care Physician</td>
<td>Hospice</td>
<td>Ph: 8161 2081&lt;br&gt;Fax: 8161 2380</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Smart Road</td>
<td>Authorised Prescriber – Palliative Prescriptions</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Address</td>
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<tr>
<td><strong>Dr Ral Antic</strong></td>
<td>Visiting Respiratory Specialist</td>
<td>MODBURUY SA 5099</td>
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<tr>
<td></td>
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<td>Director of Thoracic Medicine</td>
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<td>Chest Clinic</td>
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<td>275 North Terrace</td>
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<td>Adelaide SA 5000</td>
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<tr>
<td><strong>Carole Dawe</strong></td>
<td>Ass Clinical Service Coordinator</td>
<td>MODBURUY SA 5099</td>
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<tr>
<td><strong>GAWLER HEALTH SERVICE</strong></td>
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<tr>
<td><strong>Dr Anthony Zimmerman</strong></td>
<td></td>
<td>C:\ Nynyara House</td>
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<td></td>
<td></td>
<td>43 Adelaide Road</td>
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<td>Gawler SA 5118</td>
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<tr>
<td><strong>Adam Mewett</strong></td>
<td></td>
<td>Gawler Health Service</td>
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<td>Equipment Department</td>
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<td>21 Hutchinsom Road</td>
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<td>Gawler East SA 5118</td>
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<tr>
<td>Nominated to Prescribe Publicly Funded Domiciliary Oxygen for Country Health SA LHN</td>
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<tr>
<td>MOUNT GAMBIER</td>
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<tr>
<td><strong>Dr Andrew Bradbeer</strong>&lt;br&gt;Respiratory Nurse</td>
<td>Manse Medical&lt;br&gt;2/14 Crouch Street&lt;br&gt;Mount Gambier SA 5290</td>
<td>Ph: 03 5571 1822&lt;br&gt;Email: <a href="mailto:admin@mansemedical.com.au">admin@mansemedical.com.au</a></td>
<td>Nominated to Prescribe Publicly Funded Domiciliary Oxygen for Country Health SA LHN</td>
</tr>
<tr>
<td><strong>Jill McKay</strong>&lt;br&gt;Senior Community Health Nurse</td>
<td>South East Regional Community Health Service&lt;br&gt;PO Box 267&lt;br&gt;Mount Gambier SA 5290</td>
<td>Ph: 8721 1460&lt;br&gt;Mobile: 0447 202 503&lt;br&gt;Email: <a href="mailto:Julie.Mckay@health.sa.gov.au">Julie.Mckay@health.sa.gov.au</a></td>
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<tr>
<th>MURRAY BRIDGE</th>
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<tr>
<td><strong>Dr Jonathon Polasek</strong>&lt;br&gt;Respiratory Coordinator</td>
<td>Ashford Specialist Centre&lt;br&gt;57 - 59 Anzac Highway&lt;br&gt;Ashford SA 5035</td>
<td>Ph: 8244 4105&lt;br&gt;(QEHS Specialist Centre) Email: <a href="mailto:Jonathon.polasek@health.sa.gov.au">Jonathon.polasek@health.sa.gov.au</a></td>
<td>Nominated to Prescribe Publicly Funded Domiciliary Oxygen for Country Health SA LHN</td>
</tr>
<tr>
<td><strong>Jennifer Snowdon</strong>&lt;br&gt;Senior Community Health Nurse</td>
<td>Murray Mallee Community Health Service&lt;br&gt;PO Box 346&lt;br&gt;MURRAY BRIDGE SA 5253</td>
<td>Ph: 8535 6800&lt;br&gt;Mobile: 0428 854 749&lt;br&gt;Fax: 8535 6800&lt;br&gt;<a href="mailto:jennifer.snowdon@health.sa.gov.au">jennifer.snowdon@health.sa.gov.au</a></td>
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<tr>
<td><strong>WALLAROO HOSPITAL</strong></td>
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<tr>
<td><strong>Dr Sam Porter</strong></td>
<td>Adelaide Respiratory &amp; Sleep Specialists 285 Flinders Street Adelaide SA 5000</td>
<td>Ph: 8232 4200 Fax: 8232 4210 Email: <a href="mailto:admin@respiratoryspecialists.com.au">admin@respiratoryspecialists.com.au</a> Attention Tracey Nominated to Prescribe Publicly Funded Domiciliary Oxygen for Country Health SA LHN</td>
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</tr>
<tr>
<td><strong>Susan Tappin</strong></td>
<td>Wallaroo Hospital 1 Ernest Terrace Wallaroo SA 5556</td>
<td>Ph: 08 88230 207 Mobile: 0428964093 Fax:08 88233185 Email: <a href="mailto:Susan.Pittman@health.sa.gov.au">Susan.Pittman@health.sa.gov.au</a></td>
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<tr>
<th><strong>PT AUGUSTA/PT PIRIE HOSPITAL</strong></th>
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<tbody>
<tr>
<td><strong>Dr Ral Antic</strong></td>
<td>Director of Thoracic Medicine Chest Clinic 275 North Terrace Adelaide SA 5000</td>
<td>Ph: 8222 5372 Fax: 8222 5957 Email: <a href="mailto:Ral.Antic@health.sa.gov.au">Ral.Antic@health.sa.gov.au</a></td>
</tr>
<tr>
<td><strong>Bill Davies</strong></td>
<td><strong>Port Augusta Hospital</strong> Community Health Hospital Road PT AUGUSTA SA 5700</td>
<td>Ph: 8648 5706 Fax: 8648 5712 Email: <a href="mailto:William.Davies@health.sa.gov.au">William.Davies@health.sa.gov.au</a></td>
</tr>
<tr>
<td><strong>Annette Wilson</strong></td>
<td><strong>Port Pirie Hospital</strong> Community Health PO Box 546 PT PIRIE SA 5540</td>
<td>Ph: 8638 4429 Fax: 8638 4943 Email: <a href="mailto:Annette.wilson@health.sa.gov.au">Annette.wilson@health.sa.gov.au</a></td>
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<tr>
<th><strong>WHYALLA HOSPITAL</strong></th>
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<tr>
<td><strong>Dr Peter Windsor</strong></td>
<td>Whyalla Hospital &amp; Health</td>
<td>Ph: 82671582 (personal) Nominated to Prescribe Publicly</td>
</tr>
</tbody>
</table>
| Dr Dirk Hofmann | Whyalla Hospital & Health Service  
PO Box 267  
Whyalla SA 5600 | Ph: 8648 8300  
Email: dirk.hofmann@health.sa.gov.au | Nominated to Prescribe Publicly Funded Domiciliary Oxygen for Country Health SA LHN |
|----------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Allena Dyason  
Community Health Nurse  
Asthma & Respiratory Educator | Restorative Care Team  
PO Box 267  
WHYALLA SA 5600 | Ph: 8644 5176  
Mob: 0407 613 118  
Fax: 8644 5140  
Email: Allena.dyason@health.sa.gov.au | Nominated to Prescribe Publicly Funded Domiciliary Oxygen for Country Health SA LHN |

**PT LINCOLN**

| Dr Rufus McLeay | 34 Mortlock Tce  
Port Lincoln SA 5606 (PO Box 1046) | Ph: 86825933 | Nominated to Prescribe Publicly Funded Domiciliary Oxygen for Country Health SA LHN |
|-----------------|--------------------------------------|-------------|---------------------------------------------------------------------------------|
| Libby Westlake  
BCC Coordinator | Community Health  
PO Box 630  
PORT LINCOLN SA 5606 | Ph: 8683 2704  
Fax: 8682 5831  
Mobile: 0459819287  
Email: Libby.Westlake@health.sa.gov.au | Nominated to Prescribe Publicly Funded Domiciliary Oxygen for Country Health SA LHN |

**APY LANDS**

| Dr Antony Veale | Dept Respiratory Medicine  
The Queen Elizabeth Hospital  
Woodville Road Woodville SA 5041 | Ph: 82226670  
Email: Antony.veale@health.sa.gov.au | Nominated to Prescribe Publicly Funded Domiciliary Oxygen for Country Health SA LHN |

**BORDERTOWN / NARACOORTE HOSPITALS**
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Additional Information</th>
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<tbody>
<tr>
<td>Dr Geoff Bryant</td>
<td>44 Tynte Street</td>
<td>8267 2244</td>
<td>Nominated to Prescribe Publicly Funded Domiciliary Oxygen for Country Health SA LHN</td>
</tr>
<tr>
<td></td>
<td>North Adelaide SA 5006</td>
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<tr>
<td>Ann Felder</td>
<td>Riverland Health Service</td>
<td>8580 2506</td>
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<td>Maddern Street</td>
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**RIVERLAND**
PATIENT AGREEMENT FOR THE SUPPLY OF OXYGEN AT HOME

The purpose of this agreement is to help communication and prevent misunderstanding about your oxygen therapy. The treatment you are taking is to improve your oxygen blood levels. It is your responsibility to report your use of the oxygen and how it is affecting you accurately.

Patient’s details:

Patient’s Surname __________________________________________________________

Given Name ______________________________________________________________

MRN: ___________________________________________________________________

Date of Birth ___/___/____

1. I give approval for my medical and personal information relevant to my continued care, to be conveyed and shared with my nominated GP and health professionals involved in my care.

2. I give approval for the sharing of relevant medical and personal information to the oxygen supplier for the purpose of installing, maintaining and removal of the oxygen equipment.

3. I acknowledge that Respiratory /Community Nursing will keep records of my care.

4. I acknowledge that my records may be used by members of the Respiratory Nursing team for teaching, statistical and quality improvement purposes. Yes □  No □

5. I understand that it is a requirement of the provision of my home oxygen therapy to receive at a minimum an annual review, or more if deemed necessary by my health practitioner and agree to attend all outpatient appointments as negotiated with my treating medical team.

6. I understand that my oxygen requirements may change and adjustments to my prescription may be necessary, including the oxygen being stopped and the equipment being removed from my home.

7. I will communicate fully with my healthcare professional about the character and intensity of my condition, the effect of the treatment on my daily life, and how well the oxygen therapy is helping.

8. I have the right to stop my treatment, but I must consult with healthcare professional first.

9. I will not share my oxygen therapy with anyone.

10. I agree that I will use my treatment at a rate no greater than the prescribed rate.

11. I will allow my oxygen equipment to be collected from my home once my healthcare practitioner decides the treatment is no longer necessary.

12. I agree to give the oxygen supplier safe access to my home, for the purpose of installing, servicing and/or removal of the oxygen equipment as required.
13. I agree to give the Respiratory /Community Nurse safe access to my home, for the purpose of, ongoing education and respiratory management.

14. I agree **not to smoke** and understand to advise my Respiratory Nurse should a relapse occur.

15. I understand that I may be tested to ensure abstinence from smoking as part of my routine testing.

16. I have read the patient the information booklet and understand the safety precautions.

17. I understand that I may, if I wish, withdraw all or part of my consent at any time.

I agree to follow the guidelines as set out in my patient information booklet. My questions and concerns regarding treatment have been adequately answered. A copy of this document and the patient information booklet has been give to me.

This agreement is entered into on

Patient’s signature .................................................................

Witness Name: ........................................................................

Witness Signature: ................................................................. Date: ................................
